Durango
FAMILY THERAPY, LLC

2243 Main Ave Suite 18, Durango, CO 81301 970-422-7334

Credit/Debit Card Payment Consent Form

I authorize Durango Family Therapy to charge my credit/debit card for:

- A cancellation fee of $100 (individual) or $110 (couple) for any appointment that was not cancelled in concurrence with the cancellation policy, (24 hour notice).
- A balance due if payment is not made for a session (credit card will be charged immediately after the session).
- A balance overdue by 30 days
- This agreement applies to both individual sessions and couples sessions.

Client Name: _____
Print Last Name *First Name(s)* *Middle Initial*

Name on Card (if different): _____

Type of Card: __ Visa __ MasterCard

Expiration Date: _____ (month /year)

Card Number: _____ - _____ - _____ - _____

CVV Number: _____

Card Holder's Billing Address for Card Statements:

_____
Street *City* *State* *Zip Code*

The receipt of the charged services can be emailed to: _____

If I have questions about these charges, I agree to contact Sierra Williams, LPC at Durango Family Therapy. I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by Durango Family Therapy.

Card Holder's Signature: _____ Date: _____